

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED  
 Aug 27 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21759 (8)**

1. Corporation Name  
**SOUTH WEST FLORIDA CHEF'S ASSOCIATION, INC.**



Principal Place of Business C/O ROSEMARIE DRYGALA 423 S.W. 34TH STREET CAPE CORAL FL 33914-7822	Mailing Address C/O ROSEMARIE DRYGALA 423 S.W. 34TH STREET CAPE CORAL FL 33914-7822
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/29/1987</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>65-0029036</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**SMITH, DELBERT W**  
**142 SE 19TH STREET**  
**CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, MICHAEL	
STREET ADDRESS	27583 LOS AMIGOS LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TREUHEIT WILLIAM	
STREET ADDRESS	17171 KNIGHT DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROELLKES, HORST	
STREET ADDRESS	323 BAYSHORE DR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWY, JACK H.	
STREET ADDRESS	9488 LAKE VIEW BLVD. E5	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN ANDERSON	
1.3 STREET ADDRESS	14044 CARIBBEAN BLVD	
1.4 CITY-ST-ZIP	FT MYERS, FL 33905	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACKELIAS	
2.3 STREET ADDRESS	1610 CORNWALLIS PARKWAY	
2.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HANSBERG	
3.3 STREET ADDRESS	2106 ARBOUR WALK CIRCLE #2816	
3.4 CITY-ST-ZIP	NAPLES, FL 33942	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM TREUHEIT	
4.3 STREET ADDRESS	17171 KNIGHT DR	
4.4 CITY-ST-ZIP	FT MYERS, FL 33912	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED CORE

CP2E037 (4/97)